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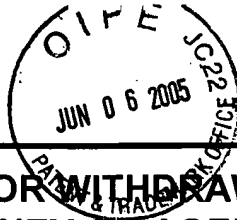
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	10/751,333	
	Filing Date	January 2, 2004	
	First Named Inventor	Sekhar Sarukkai	
	Group Art Unit Number	2183	
	Examiner Name	Not yet known	
Total Number of Pages in This Submission	2	Attorney Docket Number	23096-08650

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Rajiv P. Patel, Reg. No.: 39,327	Dated:	June 2, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	Rajiv P. Patel	Dated:	June 2, 2005
Express Mail Mailing Number (optional):			



**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/751,333
Filing Date	January 2, 2004
First Named Inventor	Sekhar Sarukkai
Group Art Unit	2183
Examiner Name	Not yet known
Attorney Docket Number	23096-08650

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment."

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Bill Shaffer Townsend and Townsend and Crew LLP				
Address	379 Lytton Avenue				
Address					
City	Palo Alto	State	CA	Zip	94301
Country					
Telephone	(650) 324-6368	Fax			

- ☒ This request is made on behalf of myself and  
☐ all the attorneys/agents of record,  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☒ the attorneys/agents associated with Customer Number 00758  
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Rajiv P. Patel, Reg. No.: 39,327
Signature	
Date	June 2, 2005

**NOTE:** Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.